



# Integrating Apps into the Clinical and Scientific Agenda

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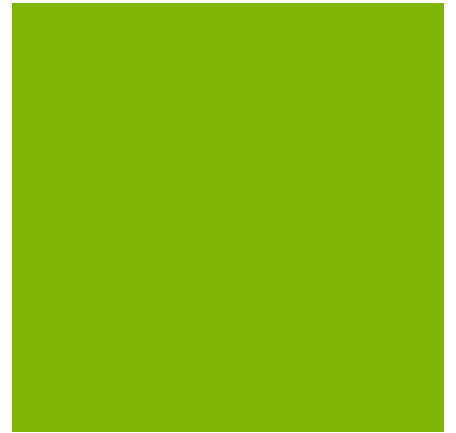
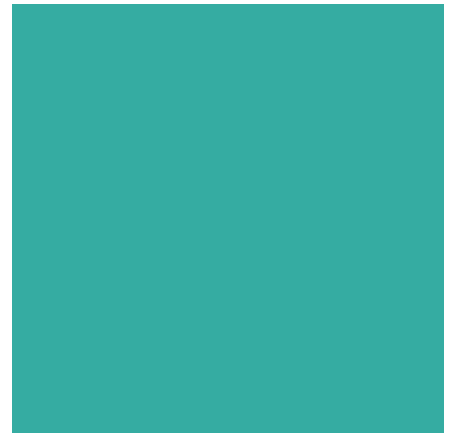
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# Outline

- Case example
- Benefits
- Challenges
- Integration
- Conclusion





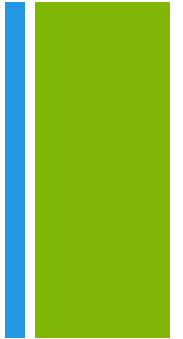
+ Case Example: Pam and Maple

# + Benefits



- Available anytime, anywhere
- Can reach large numbers of patients at reduced cost
- Increased communication between patients and providers and within care team, leading to increased care coordination
- Some kinds of eHealth, including virtual reality and gaming, may be associated with increased patient engagement (e.g., R41 HL114046: Experience Success)
- Ability to download monitoring record (e.g., from continuous glucose monitoring devices) to be used in conjunction with physician supervision

# + Challenges



- Does tech target a single behavior or condition, or does it target comorbidities as well?
- Does tech target only medical, or biopsychosocial?
- Social components: beware
- Many technologies that are NOT safe (e.g., apps for calculating insulin dose [Huckvale, Adomaviciute, Prieto, Leow, & Car, 2015])
- Care team members may display varying levels of openness to tech
- Current tech lacks tailored feedback, proper education, and problem-solving support

# + Integration

## Clinical

- Don't force it
- Safety and liability
- Provider responsibility
- Patient-centered training
- Tech intervention should match the patient's goals
- Manually adapt tech as frequently as possible into what they already own

## Research

- Commercially-available options
- Beware that single behavior or condition focus may reduce acceptability and feasibility
- Intervention should be long enough to minimize measurement reactivity
- Few studies have explored how tech hurts/benefits existing self-management system
- Role of health disparities in significance and research strategy

# + Conclusions

- Educate patients on what's available, but don't force resources
- Integrate evidence-based tech into what the patient already accesses or owns



- More attention to financial frameworks

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